

## Illinois SANE Training Program: Sexual Assault Evidence Collection Guide

A laminated copy of the following guide should be kept on the SANE cart to be referenced when providing medical forensic services

### Overall Considerations:

- Use in conjunction with the Sexual Assault Treatment Checklist Form.
- Use in conjunction with the instructions provided in the Illinois State Police Evidence Collection Kit (ISPECK).
- Per ISPECK instructions, the examiner should wear personal protective equipment during evidence collection, including gloves, gown, mask, hair covering and shoe covering.
- Gloves must be changed after each item of evidence is collected.
- Thoroughly clean exam room and evidence processing areas before and after examination.
- Package each sample location or piece of evidence separately in paper bags/evidence boxes/envelopes.
- Avoid contamination during collection. If contamination occurs, document what occurred but **do not dispose of the evidence**.
- Evidence collection steps should be performed in a head-to-toe sequence. Patient comfort and consent is a major factor throughout the exam.
- There is only one chance to collect: when in doubt, collect!
- Before performing each step, discuss with the patient what the step involves and obtain their verbal consent to proceed

**\*\*Evidence Collection Kit shall be offered and completed if the patient presents within a minimum of 7 days of the sexual assault. \*\***

| Evidence Collection Envelope    | When/What to Collect   | Collection Equipment  | Method/Instructions   |
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| Miscellaneous/debris collection | <ul style="list-style-type: none"> <li>❖ If patient has not changed clothing post assault</li> <li>❖ To collect evidence/debris that may fall off clothing</li> </ul>  | <ul style="list-style-type: none"> <li>❖ Hospital cloth sheet</li> <li>❖ Paper sheet provided in ISPECK</li> <li>❖ Miscellaneous/debris ISPECK envelope</li> </ul>  | <ol style="list-style-type: none"> <li>1. Place clean hospital sheet on the floor</li> <li>2. Place paper sheet directly over the clean hospital sheet</li> <li>3. Instruct patient to stand on paper sheet and remove one article of clothing at a time</li> <li>4. Create a privacy wall for the patient during the process by using a blanket, sheet or gown</li> <li>5. Patient should place each article of clothing in a separate spot on the paper sheet (see clothing collection below) or directly into paper bag</li> <li>6. Collect the paper sheet by folding into a bindle and placing in <b>Miscellaneous/Debris Collection</b> envelope provided in ISPECK</li> </ol>  |
| Clothing collection             | <ul style="list-style-type: none"> <li>❖ If patient has not changed clothing post assault</li> <li>❖ Underwear worn to the hospital</li> <li>❖ Clothing patient brought with them that was worn during the assault</li> <li>❖ To collect evidence that may be present on clothing</li> </ul> | <ul style="list-style-type: none"> <li>❖ Clothing ISPECK bags (underwear, bra)</li> <li>❖ Paper bags</li> <li>❖ Clear plastic tape or evidence collection tape</li> <li>❖ Alternative light source</li> <li>❖ Camera</li> </ul> | <ol style="list-style-type: none"> <li>1. Examine each piece of clothing for rips, tears, presence of foreign material and/or fluorescence with alternative light source</li> <li>2. Document any findings and photograph per policy</li> <li>3. Obtain consent from patient for each piece of clothing that will be submitted as evidence</li> <li>4. Place each piece of clothing in a separate paper bag (if not done so already) and document patient's name, date and time of collection, name of collector and contents on the bag</li> <li>5. Seal with tape and place your initials and the date across the width of the tape, ensuring that the initials and date overlap both the tape and the paper bag</li> <li>6. Always collect the patient's underwear (even if not worn during the assault) and place in <b>Clothing</b> bag provided in ISPECK</li> <li>7. If bra is collected, place in <b>Clothing</b> bag provided in ISPECK</li> </ol> |
| Head hair combings              | <ul style="list-style-type: none"> <li>❖ To collect trace evidence in patient's hair</li> </ul>  | <ul style="list-style-type: none"> <li>❖ Head hair combings ISPECK envelope with comb and bindle</li> <li>❖ Camera</li> </ul>   | <ol style="list-style-type: none"> <li>1. Visually examine head and scalp for any signs of trauma</li> <li>2. Document any findings and photograph per policy</li> <li>3. Remove paper bindle and comb</li> <li>4. Unfold paper bindle</li> </ol>   |

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|  |   |   | <ol style="list-style-type: none"> <li>5. Lightly comb head hair so that any loose hair, fibers or other debris fall onto the paper bindle</li> <li>6. Place comb in paper bindle and refold</li> <li>7. Place in corresponding envelope</li> <li>8. Palpate entire head and neck for any areas of tenderness</li> </ol> <p><b>NOTE:</b> If patient would like to perform this step, please instruct them how to complete this step independently.</p>   |
| Oral specimens                         | <ul style="list-style-type: none"> <li>❖ Oral penetration with or without ejaculation</li> <li>❖ Oral contact such as kissing, licking</li> </ul>   | <ul style="list-style-type: none"> <li>❖ Oral specimens ISPECK envelope with cardboard tube and sterile swabs</li> <li>❖ Camera</li> </ul>  | <ol style="list-style-type: none"> <li>1. Visually examine oral cavity for any signs of trauma.</li> <li>2. Document any findings and photograph per policy</li> <li>3. Use 2 dry swabs at a time; collect a total of 4 swabs</li> <li>4. Swab oral cavity of patient; concentrate on area between lower lip and gum, upper lip and gum, along gum line of the teeth, on the inner surface of the teeth and recessed areas of the mouth. Avoid touching the patient's cheeks, tongue and saliva.</li> <li>5. Place all 4 swabs into one cardboard tube, fold in end flaps, label and place in corresponding envelope</li> </ol> <p><b>NOTE:</b> If patient would like to perform this step, please instruct them how to complete this step independently.</p>  |
| Fingernail specimens                   | <ul style="list-style-type: none"> <li>❖ If the patient scratched or injured the assailant during the assault</li> <li>❖ To collect assailant skin/blood cells</li> </ul>   | <ul style="list-style-type: none"> <li>❖ Fingernail specimen ISPECK envelope with fingernail scraper and paper bindle; one per hand</li> <li>❖ Camera</li> </ul>  | <ol style="list-style-type: none"> <li>1. Visually examine hands and fingernails for any signs of trauma</li> <li>2. Document any findings and photograph per policy</li> <li>3. Remove 2 specimen envelopes (right hand, left hand)</li> <li>4. Place paper bindle under patient's hand on flat surface</li> <li>5. Scrap beneath the nails while holding nails over bindle so that debris falls into paper bindle</li> <li>6. Place scraper in paper bindle and refold</li> <li>7. Place paper bindle in corresponding fingernail scraping envelope</li> <li>8. Repeat steps for other hand</li> <li>9. Place both hand envelopes in the fingernail specimen envelope</li> </ol> <p><b>NOTE:</b> If patient would like to perform this step, please instruct them how to complete this step independently.</p> |
| Miscellaneous stains/bitemark evidence | <ul style="list-style-type: none"> <li>❖ Oral contact by assailant (i.e. anywhere the assailant touched the patient with their mouth)</li> <li>❖ To collect assailant saliva</li> <li>❖ Any area that fluoresces under an alternative light source</li> <li>❖ To collect any dried secretions/ stains noted</li> <li>❖ Direct skin contact by assailant (i.e. anywhere the</li> </ul> | <ul style="list-style-type: none"> <li>❖ Miscellaneous stains/bitemark evidence ISPECK envelopes with cardboard tube and sterile swabs</li> <li>❖ Alternative light source</li> <li>❖ Sterile water</li> <li>❖ Camera</li> <li>❖ ABFO #2 Ruler</li> </ul> | <ol style="list-style-type: none"> <li>1. Visually examine entire body for signs of trauma</li> <li>2. Utilize alternative light source or wood's lamp to help identify possible areas for evidence collection</li> <li>3. Document any findings and photograph per policy</li> <li>4. Moisten one swab with 1-2 drops of sterile water</li> <li>5. Swab the entire area/stain by rolling the swab lightly over the patient's skin with the tip down then onto the side</li> <li>6. Follow with second dry swab over the entire area/stain with the tip down then onto the side</li> <li>7. Place both swabs into one cardboard tube, fold in end flaps, label and place in corresponding envelope.</li> </ol>   |

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|                            | assailant grabbed the patient)<br>❖ To collect assailant skin cells/sweat                  |  | 8. Document location swabs taken from on the outside of the envelope<br>9. Palpate entire body for any areas of tenderness<br><b>NOTE:</b> Each location of evidence collection should be placed in a separate envelope.  |
| Pubic hair combings        | ❖ To collect trace evidence in patient's pubic hair  | ❖ Pubic hair combings ISPECK envelope with comb and paper bindle<br>❖ Sterile swabs<br>❖ Sterile water<br>❖ Camera   | 1. Visually examine pubic area for any signs of trauma.<br>2. Document any findings and photograph per policy<br>3. Remove paper bindle and comb and unfold paper bindle<br>4. Place paper bindle under patient's buttocks<br>5. Comb pubic hair in a downward motion so that any loose hair/debris falls into the paper bindle<br>6. Refold paper bindle and place comb and paper bindle in corresponding envelope<br>7. If no pubic hair present, evidence can be collected with 2 swabs as you did for miscellaneous stains/bitemarks<br><b>NOTE:</b> If patient would like to perform this step, please instruct them how to complete this step independently.  |
| Anal specimens             | ❖ Penile, digital, oral or other object penetration or contact with or without ejaculation | ❖ Anal specimens ISPECK envelope with cardboard tube and sterile swabs<br>❖ Sterile water<br>❖ Toluidine blue dye<br>❖ Alternative light source<br>❖ Camera<br>❖ ABFO #2 Ruler | 1. Assist patient into prone knee chest, left lateral recumbent or standing and leaning over position to aide in self-dilation<br>2. Visually examine anus for any signs of trauma<br>3. Document any findings and photograph per policy<br>4. Moisten 4 swabs with 1-2 drops of sterile water each<br>5. Gently place swabs inside anal canal so that entire cotton tip is within the canal<br>6. Move in circular motion and withdraw<br>7. Place all 4 swabs into one cardboard tube, fold end flaps, label and place in corresponding envelope<br><b>NOTE:</b> If unable to tolerate 4 swabs at once, perform with 1-2 swabs at a time instead<br><b>NOTE:</b> If patient is unable to self-dilate or you are unable to visualize anal tissue without folds, do not document "no injury/trauma". Instead document "unable to visualize lack or presence of injury." |
| Penile specimens<br><br>OR | ❖ Oral, anal, vaginal, digital or other contact with penis                                 | ❖ Penile specimens ISPECK envelope with cardboard tube and sterile swabs<br>❖ Sterile water<br>❖ Alternative light source<br>❖ Camera  | 1. Visually examine penis and scrotum for any signs of trauma<br>2. Utilize alternative light source to help identify possible areas for evidence collection (with patient consent)<br>3. Document any findings and photograph per policy<br>4. Moisten 4 swabs with 1-2 drops of sterile water each<br>5. Swab penile shaft, foreskin (if present), glans (head of penis) and base of shaft<br>6. <b>DO NOT SWAB THE URETHRA</b><br>7. Place all 4 swabs into one cardboard tube, fold end flaps, label and place in corresponding envelope  |
| Vaginal/cervical specimens | ❖ Penile, digital, oral or other object penetration of female sex organ,                   | ❖ Vaginal/cervical specimens ISPECK envelope with cardboard tube and sterile swabs   | 1. Visually examine external genitalia for any signs of trauma<br>2. Utilize alternative light source to help identify possible areas for evidence collection (with patient consent)  |

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|  | with or without ejaculation  | <ul style="list-style-type: none"> <li>❖ Speculum</li> <li>❖ Toluidine blue dye</li> <li>❖ Foley catheter/fox swabs</li> <li>❖ Alternative light source</li> <li>❖ Camera</li> </ul>  | <ol style="list-style-type: none"> <li>3. Document any findings and photograph per policy</li> <li>4. Use 2 dry swabs to collect evidence from the medial labia majora, medial and lateral labia minora, clitoral hood, clitoris and vestibule<br/><b><u>(for pediatric patients, swabs may need to be moistened. Use all 4 swabs here and do not proceed with any of the steps below)</u></b><br/><b>NOTE:</b> Vaginal swabs should <u>not</u> be collected in this box <u>outside of the labia majora</u></li> <li>5. If your facility utilizes toluidine blue dye, perform inspection with toluidine blue dye at this time according to your hospital policy and photograph</li> <li>6. If you have received training on how to utilize a foley catheter/fox swabs to examine the hymen, perform hymen evaluation at this time according to your hospital policy and photograph</li> <li>7. Place speculum with sterile water lubrication only: do not use lubricating jelly per the request of the Illinois State Police Forensic Lab<br/><b>NOTE: DO NOT PLACE A SPECULUM IN A PRE-PUBESCENT GIRL</b></li> <li>8. Using 2 dry swabs, swab the cervical os and posterior fornix (area directly under the cervix)</li> <li>9. Avoid touching the vaginal walls</li> <li>10. Place all 4 swabs into one cardboard tube, fold end flaps, label and place in corresponding envelope</li> </ol> |
| <p>Blood on filter paper</p> <p>Or</p> <p>Buccal swab reference sample</p> | <ul style="list-style-type: none"> <li>❖ Reference specimen to obtain patient DNA</li> </ul>   | <ul style="list-style-type: none"> <li>❖ Blood on filter paper ISPECK envelope with filter paper</li> <li>❖ Lancet</li> <li>❖ Alcohol or CHG skin prep</li> <li>❖ Buccal swab reference sample ISPECK envelope with cardboard tube and sterile swabs</li> </ul> | <ol style="list-style-type: none"> <li>1. Don gloves and remove filter paper from envelope</li> <li>2. Place on a clean paper towel or the envelope</li> <li>3. Write patient's name and date on filter paper, you can also use a patient label</li> <li>4. Only touch the bottom of the filter paper</li> <li>5. If you <b>are not</b> obtaining lab specimens for any other tests, finger stick patient with lancet</li> <li>6. If you <b>are</b> obtaining lab specimens for other testing, you can use blood obtained in blood collection with a syringe and fill circles</li> <li>7. Fill 5 circles with patient's blood</li> <li>8. Allow filter paper to air dry</li> <li>9. Place in corresponding envelope</li> <li>1. If the patient does not disclose any history of oral contact with the offender, have the patient rinse their mouth with water</li> <li>2. Wait 30 minutes before collection</li> <li>3. Insert one swab into the mouth and firmly press into the inside cheek, rubbing up and down</li> <li>4. Repeat with second swab for opposite cheek</li> <li>5. Avoid touching teeth and tongue</li> <li>6. Place both swabs into one cardboard tube, fold end flaps, label and place in corresponding envelope</li> </ol>   |
| Urine specimen   | <ul style="list-style-type: none"> <li>❖ Possible drug facilitated sexual assault (DFSA) based on signs and symptoms of patient</li> </ul> | <ul style="list-style-type: none"> <li>❖ Urine specimen cup</li> <li>❖ Consent to Toxicology Form</li> <li>❖ Patient Information Sheet</li> <li>❖ Medical Provider Instruction Sheet</li> </ul>   | <ol style="list-style-type: none"> <li>1. Collect earliest urine specimen possible</li> <li>2. Instruct patient to blot with gauze/tissue before sample collection (if genital swabs have not yet been collected) and submit tissue/gauze as miscellaneous evidence. Instruct patient to drip dry after sample collection.</li> <li>3. Advise the patient to urinate directly into cup</li> </ol>  |

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|  |  |  | <b>4. Do not place inside the ISPECK kit</b><br><b>5. Obtain Toxicology paperwork from the Illinois State Police Website:</b><br><a href="http://www.isp.state.il.us/">http://www.isp.state.il.us/</a><br>a. Forensics tab on the left side of the screen<br>b. Drug Facilitated Sexual Assault |
| 1. Place all evidence specimens/envelopes inside the ISPECK<br>2. Date and initial the red evidence tape provided in the ISPECK<br>3. Place in the appropriate space to seal the ISPECK<br>4. Label the ISPECK with requested information<br>5. Maintain chain-of-custody until hand off to law enforcement or place in a secure area for storage; document when either action is performed on the outside of the ISPECK kit |  |  |   |

**\*\*\*Patient may consent for testing or consent for holding of the evidence. The hospital is required to transfer all evidence to the law enforcement agency with jurisdiction for storage as soon as possible after completing evidence collection. Law enforcement must store evidence for a minimum of 10 years for a patient over the age of 18 and until the 28<sup>th</sup> birthday for a patient under the age of 18. The patient may contact law enforcement or a rape crisis advocate at a later time to release their evidence for testing. No evidence will be analyzed without the patient's consent.**